

EXHIBIT B

Superior cleansing efficacy*



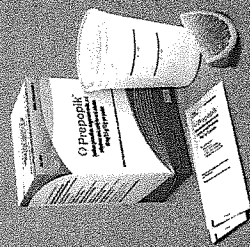
*Demonstrated non-inferiority with both split-dose and day-before regimens, evaluated in randomized trials using the validated Aronchick scale. Superior cleansing efficacy of split-dose regimen demonstrated vs day-before regimen comparator (64% vs 74%, respectively, achieving "excellent" or "good" visualization). The comparator was 2L PEG with electrolytes (PEG-E) plus 2x 5 mg bisacodyl tablets, dosed as labeled. The primary efficacy endpoint was the proportion of patients with successful colon cleansing defined as bowel preparations with >90% of the mucosa seen and mostly/liquid stool, assessed by blinded colonoscopists. $P < 0.002$ (Prepopak: $n = 256/304$; comparator: $n = 221/297$).³

INDICATION AND IMPORTANT SAFETY INFORMATION

Prepopak® for oral solution is indicated for cleansing of the colon as a preparation for colonoscopy in adults.

- Prepopak is contraindicated in the following conditions: patients with severely reduced renal function; gastrointestinal obstruction or ileus; bowel perforation; toxic colitis or toxic megacolon; gastric retention; or in patients with a known allergy to any of the ingredients in Prepopak. Patients should be advised on the importance of adequate hydration and post-colonoscopy lab tests should be considered if a patient develops significant vomiting or signs of dehydration after taking Prepopak.
- Patients with electrolyte abnormalities should have them corrected before treatment. Use caution when prescribing for patients who are at risk for seizures, or arrhythmias, including those patients with a history of prolonged QT, recent myocardial infarction, unstable angina, congestive heart failure, or cardiomyopathy. Caution should also be used in patients taking medications that may affect renal function, electrolyte imbalance and/or water retention.
- Oral medication administered within one hour of the start of administration of Prepopak solution may be flushed from the GI tract, and the medication may not be absorbed. Prior or concomitant use of antibiotics with Prepopak may reduce its efficacy. Tetracycline and fluoroquinolone antibiotics, iron, digoxin, chlorpromazine and penicillamine, should be taken at least 2 hours before and not less than 6 hours after administration of Prepopak to avoid chelation with magnesium. Osmotic laxatives may produce colonic mucosal aphthous ulcerations and there have been reports of more serious cases of ischemic colitis requiring hospitalization. Concurrent use of additional stimulant laxatives with Prepopak may increase this risk.
- Prepopak should not be used if gastrointestinal obstruction or perforation is suspected. Prepopak is not for direct ingestion. Each packet must be dissolved in 5 ounces of cold water and administered at separate times, in addition to additional clear fluids, according to the dosing regimen. In randomized, multicenter, controlled clinical trials, nausea, headache, and vomiting were the most common treatment-emergent adverse reactions (>1%) following Prepopak administration.

Please see brief summary of Prescribing Information following this advertisement.



...with the **lowest volume**
of active prep solution

Prepopak helps patients arrive ready with:

SUPERIOR CLEANSING with AGC-recommended split-dose regimen**

84% of Prepopak bowel preparations were graded as "excellent" or "good" vs 74% with the comparator (2L PEG-E plus 2x 5 mg bisacodyl tablets), assessed using the validated Aronchick scale.^{1,3}

90% of Prepopak patients had successful cleansing in the ascending colon vs 79% with the comparator, assessed using the validated Ottawa scale.^{1,3}

EXCELLENT TOLERABILITY reported by patients in pivotal trials.³

89% of patients found Prepopak easy to take vs 29% of those taking the comparator (2L PEG-E plus 2x 5 mg bisacodyl tablets); $P < 0.0001$ ¹

99% of patients taking Prepopak completed their regimen vs 91% of those taking the comparator (2L PEG-E plus 2x 5 mg bisacodyl tablets)¹

FLEXIBLE DOSING using either a split-dose or day-before regimen¹

A DUAL MECHANISM that stimulates peristalsis and produces osmotic water retention¹

The Ottawa bowel preparation is a bisacodyl-based bowel cleanser. It is indicated for use in patients with ascending colitis, descending colitis, and ileocecal disease. A score of 0 denotes "excellent" cleansing, a score of 1 denotes "good", a score of 2 denotes "fair", and a score of 3 denotes "poor".

References: 1. *Am J Gastroenterol*. 2013;108(12):1753-1759. 2. *Am J Gastroenterol*. 2013;108(12):1753-1759. 3. *Am J Gastroenterol*. 2013;108(12):1753-1759. 4. *Am J Gastroenterol*. 2013;108(12):1753-1759. 5. *Am J Gastroenterol*. 2013;108(12):1753-1759. 6. *Am J Gastroenterol*. 2013;108(12):1753-1759. 7. *Am J Gastroenterol*. 2013;108(12):1753-1759. 8. *Am J Gastroenterol*. 2013;108(12):1753-1759. 9. *Am J Gastroenterol*. 2013;108(12):1753-1759. 10. *Am J Gastroenterol*. 2013;108(12):1753-1759. 11. *Am J Gastroenterol*. 2013;108(12):1753-1759. 12. *Am J Gastroenterol*. 2013;108(12):1753-1759. 13. *Am J Gastroenterol*. 2013;108(12):1753-1759. 14. *Am J Gastroenterol*. 2013;108(12):1753-1759. 15. *Am J Gastroenterol*. 2013;108(12):1753-1759. 16. *Am J Gastroenterol*. 2013;108(12):1753-1759. 17. *Am J Gastroenterol*. 2013;108(12):1753-1759. 18. *Am J Gastroenterol*. 2013;108(12):1753-1759. 19. *Am J Gastroenterol*. 2013;108(12):1753-1759. 20. *Am J Gastroenterol*. 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